

Fill in this information to identify the case:

Debtor Name NJ Mobile Health Care LLC

United States Bankruptcy Court for the: _____ District of New Jersey

Case number: 24-16239-JKS

☐ Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: 2 July 2024

Date report filed: 10/14/2024
MM / DD / YYYY

Line of business: Ambulance

NAISC code: _____

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: Louis V. Greco III

Original signature of responsible party: 

Printed name of responsible party: Louis V. Greco III

1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

	Yes	No	N/A
If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.			
1. Did the business operate during the entire reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you plan to continue to operate the business next month?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you paid all of your bills on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Did you pay your employees on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you timely filed your tax returns and paid all of your taxes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you timely filed all other required government filings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Have you timely paid all of your insurance premiums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.			
10. Do you have any bank accounts open other than the DIP accounts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Have you sold any assets other than inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Did any insurance company cancel your policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Did you have any unusual or significant unanticipated expenses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Have you borrowed money from anyone or has anyone made any payments on your behalf?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Has anyone made an investment in your business?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Debtor Name NJ Mobile Health Care LLC

Case number 24-16239-JKS

17. Have you paid any bills you owed before you filed bankruptcy?

☐ ☒ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

☐ ☒ ☐

2. Summary of Cash Activity for All Accounts

19. Total opening balance of all accounts

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ 48.37

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 6,586.20

21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ 5,576.82

22. Net cash flow

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ 1,009.38

23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 1,057.75

3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables

(*Exhibit E*)

\$ 6,194.80

Debtor Name NJ Mobile Health Care LLC

Case number 24-16239-JKS

4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables \$ 1,840.00
(Exhibit F)

5. Employees

26. What was the number of employees when the case was filed? 0
27. What is the number of employees as of the date of this monthly report? 0

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ 0.00
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ 0.00
30. How much have you paid this month in other professional fees? \$ 0.00
31. How much have you paid in total other professional fees since filing the case? \$ 0.00

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>6,586.20</u>	—	\$ <u>6,586.20</u>	=	\$ <u>0.00</u>
33. Cash disbursements	\$ <u>5,576.82</u>	—	\$ <u>5,576.82</u>	=	\$ <u>0.00</u>
34. Net cash flow	\$ <u>1,009.38</u>	—	\$ <u>1,009.38</u>	=	\$ <u>0.00</u>
35. Total projected cash receipts for the next month:					\$ <u>5,000.00</u>
36. Total projected cash disbursements for the next month:					- \$ <u>5,000.00</u>
37. Total projected net cash flow for the next month:					= \$ <u>0.00</u>

Debtor Name NJ Mobile Health Care LLC

Case number 24-16239-JKS



8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

Exhibit A

Monthly Operating Report – July 2024

Question 3: Did you pay all your bills on time

The bills for the following vendors have not been paid:

United Leasing – 1,725.00

De Lage Landen Financial Services Inc. – 3963.31

Access IT – 506.49

Exhibit B

Monthly Operating Report – July 2024

Question 7: Have you sold any assets other than inventory

Decommissioned medical equipment - \$100.00

Exhibit C

Monthly Operating Report – July 2024

Post Date	Description	Cash Receipts
07/31/2024	DEPOSIT	2,552.40
07/25/2024	DEPOSIT	113.40
07/25/2024	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 240725 536927960307817	1,860.62
07/19/2024	ACH CREDIT CCD CMPY ID: 1522293687 10L GOVDEALS 10LGDUSFSS REF\	100.00
07/09/2024	DEPOSIT	914.78
07/08/2024	DEPOSIT	25.00
07/12/2024	WIRE IN GFT 202407120020195 MOBILE ONSITE HEAL TH SOLUTIONS	1,000.00
07/02/2024	Bankcard Credit Card Processing	20.00
	Total	6,586.20

Exhibit D

Monthly Operating Report – July 2024

Post Date	Description	Disbursements
07/25/2024	PHONE/INTERNET TRNFR REF 2070942L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	1000
07/25/2024	PHONE/INTERNET TRNFR REF 2071219L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	860
07/19/2024	PHONE/INTERNET TRNFR REF 2011248L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	1039.23
07/22/2024	PHONE/INTERNET TRNFR REF 2021003L FUNDS TRANSFER TO DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	2
07/15/2024	ACH DEBIT CCD CMPY ID: 2472319830 AFCO CREDIT CORP PAYMENTS 240715 18840734	2675.59
	Total	5576.82

Exhibit F

Monthly Operating Report – July 2024

Invoice #	Client	Amount Due	Due Date
2165	Bergen New Bridge Medical Center	920	7/1/20224
2166	Bergen New Bridge Medical Center	920	7/1/2024



P.O. Box 15284
Wilmington, DE 19850

NJ MOBILE HEALTH CARE LLC
370 FRANKLIN TPKE STE 2
MAHWAH, NJ 07430-2291

Business Advantage

Customer service information

☎ 1.888.BUSINESS (1.888.287.4637)

🌐 bankofamerica.com

✉ Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your Business Advantage Relationship Banking

for July 1, 2024 to July 31, 2024

Account number: [REDACTED] 2621

NJ MOBILE HEALTH CARE LLC

Account summary

Beginning balance on July 1, 2024	-\$77.99
Deposits and other credits	77.99
Withdrawals and other debits	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on July 31, 2024	\$0.00

of deposits/credits: 1

of withdrawals/debits: 0

of items-previous cycle¹: 0

of days in cycle: 31

Average ledger balance: -\$5.03

¹Includes checks paid, deposited items and other debits



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When you use the QRC feature certain information is collected from your mobile device for business purposes.

¹Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

SSM-08-23-0773.B | 5902255

IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Your checking account

NJ MOBILE HEALTH CARE LLC | Account # [REDACTED] 2621 | July 1, 2024 to July 31, 2024

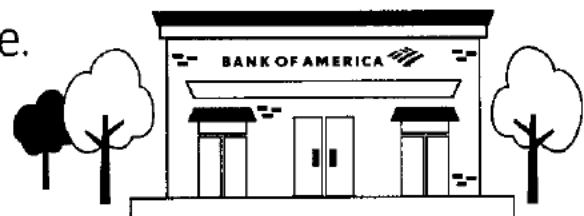
Deposits and other credits

Date	Description	Amount
07/03/24	Counter Credit	77.99
Total deposits and other credits		\$77.99

Daily ledger balances

Date	Balance (\$)	Date	Balance (\$)
07/01	-77.99	07/03	0.00

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BANK OF AMERICA, N.A. (THE "BANK")

Account Closing SummaryAccount Type BUSINESS ADV RELATIONSHIP Account Number XXXXXXXXX2621Account Title NJ MOBILE HEALTH CARE LLCAccount Address 370 FRANKLIN TPKE STE 2MAHWAH NJ 07430-2291Disbursement Amount/Method \$ 0.00 ☐ Cash ☐ Cashier's Check ☐ Transfer to account ending in _____**What you confirmed with us:**☒ You told us there are no pending transactions.☐ You told us about the pending transactions listed on page 2 and left a balance in your account to cover them. If additional checks or other debits are outstanding, they may be paid before the transactions you told us about. This would reduce your balance or may cause some transactions to be returned unpaid.

Your account is set to close when your balance reaches zero. However, if a balance remains in your account at the end of 10 business days, we'll begin to process your request to close your account, which may take up to 20 business days. We will close your account even if your account has a balance or transactions you told us about are still outstanding. We'll transfer any positive balance to account ending in 2650 or if no account is listed, mail a check to you at the address on your account.

☐ Your account is overdrawn. To close the account, you need to make a deposit to bring the account to zero. We'll cancel all account services, no withdrawals may be made, and only deposits are allowed to the account. We may make collection efforts to collect the overdraft.**What you need to know:**

Automatic Deposits and Payments: After the account closes, we will return checks and other debits, and deposits and other credits, that we receive with a statement that the account is closed, such as "Account Closed." You need to contact the originator who is sending automatic deposits (such as the Social Security Administration or your employer) or automatic payments (such as your phone or insurance company) to make other payment arrangements or cancel the transactions. We listed automatic deposits and payments on page 2 that have posted to your account in the last 34 days.

Balance Must Reach Zero: For the account to close, the balance must reach zero. Until the account closes, we may continue to post debits and credits to the account. Debits will be returned unpaid if the account does not have enough available funds to pay them.

Account Statements: You may receive one or two additional statements after the account is closed.

Business Account Customers: If you use Bank of America Merchant Services, call 1-800-430-7161 to close the separate Merchant Services account. Also, return night deposit bags and keys to your local financial center.

Bank InformationDate 07/08/2024Financial Center Name MAHWAH - RT 17Associate's Name Bryan TejadaAssociate's Phone Number [REDACTED]

Closing Calculation Summary	
Available Balance:	\$0.00
Accrued Interest (+):	\$0.00
Withheld Interest (-):	\$0.00
Outstanding Debits (-):	\$0.00
Remit to Customer	\$0.00

Closing Transactions and Automatic Deposit/Payment History

Outstanding debts included in the above Remit To/Due from Customer Balance:

Outstanding Checks: Checks you told us about at closing.

Pending & Other Debits: Items you told us about or are already in the process of posting to your account.

Automatic Deposit/Payment: This is a 34 day history of automatic deposits and payments that may require your attention.

Types	Date	Description	Pending Amount	Actual Amount	Amount
Automatic Deposit/Payment	06/20/2024	Online Banking transfer f			\$19.31
Automatic Deposit/Payment	06/20/2024	Online Banking transfer f			\$75.00
Automatic Deposit/Payment	06/17/2024	AFCO CREDIT CORP DES:PAYM			-\$2,718.11
Automatic Deposit/Payment	06/17/2024	Online Banking transfer f			\$25.00
Automatic Deposit/Payment	06/17/2024	Online Banking transfer f			\$275.00
Automatic Deposit/Payment	06/16/2024	Online Banking transfer f			\$40.00
Automatic Deposit/Payment	06/16/2024	Online Banking transfer f			\$238.00
Automatic Deposit/Payment	06/13/2024	Online Banking transfer f			\$28.00
Automatic Deposit/Payment	06/10/2024	Online Banking transfer f			\$75.00
Automatic Deposit/Payment	06/09/2024	Online Banking transfer f			\$40.00
Automatic Deposit/Payment	06/09/2024	Online Banking transfer f			\$50.00
Automatic Deposit/Payment	06/09/2024	Online Banking transfer f			\$50.00
Automatic Deposit/Payment	06/09/2024	Online Banking transfer f			\$150.00
Automatic Deposit/Payment	06/09/2024	Online Banking transfer f			\$500.00
Automatic Deposit/Payment	06/06/2024	Online Banking transfer f			\$70.00
Automatic Deposit/Payment	06/06/2024	Online Banking transfer f			\$100.00
Automatic Deposit/Payment	06/05/2024	Online Banking transfer f			\$250.00
Automatic Deposit/Payment	06/04/2024	Online Banking transfer f			\$350.00

BANK OF AMERICA 

P.O. Box 15284
Wilmington, DE 19850

NJ MOBILE HEALTH CARE LLC
370 FRANKLIN TPKE STE 2
MAHWAH, NJ 07430-2291

Business Advantage

Customer service information

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✉ Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your Business Advantage Relationship Banking

for July 1, 2024 to July 31, 2024

Account number:  2650

NJ MOBILE HEALTH CARE LLC

Account summary

Beginning balance on July 1, 2024	\$0.01
Deposits and other credits	320.00
Withdrawals and other debits	-290.06
Checks	-0.00
Service fees	-29.95
Ending balance on July 31, 2024	\$0.00

of deposits/credits: 2

of withdrawals/debits: 3

of items-previous cycle¹: 0

of days in cycle: 31

Average ledger balance: -\$3.53

¹Includes checks paid, deposited items and other debits



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¹ Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply. SSM-08-23-0773.B | 5902255

IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

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Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Your checking account

NJ MOBILE HEALTH CARE LLC | Account # [REDACTED] 2650 | July 1, 2024 to July 31, 2024

Deposits and other credits

Date	Description	Amount
07/03/24	BANKCARD 1929 DES:MTOT DEP ID:536927960307817 INDN:NJ MOBILE HEALTH CARE CO ID:10621929SD CCD	20.00
07/08/24	Zelle payment from Christopher Martin for "millenniums"; Conf# IQICC5QCZ	300.00
Total deposits and other credits		\$320.00

Withdrawals and other debits

Date	Description	Amount
07/08/24	BKOFAMERICA BC 07/08 #000007413 WITHDRWL	-68.37
07/08/24	BILL.COM LLC DES:BILLING ID:01B4YDNCANSUVMX INDN:NJ Mobile HealthCare, CO ID:1082689000 CCD PMT INFO:BILL.COM 01B4YDNCANSUVMX STMT 2407776947 7 NJ MOBILE HEALTHCARE, LLC	-221.69
Total withdrawals and other debits		-\$290.06

Service fees

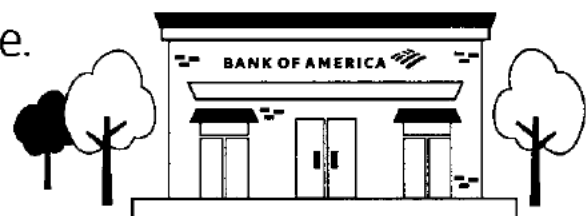
Date	Transaction description	Amount
07/01/24	Monthly Fee Business Adv Relationship	-29.95
Total service fees		-\$29.95

Note your Ending Balance already reflects the subtraction of Service Fees.

Daily ledger balances

Date	Balance (\$)	Date	Balance (\$)	Date	Balance (\$)
07/01	-29.94	07/03	-9.94	07/08	0.00

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BANK OF AMERICA, N.A. (THE "BANK")

Account Closing Summary

Account Type BUSINESS ADV RELATIONSHIP Account Number XXXXXXXXX2650
Account Title NJ MOBILE HEALTH CARE LLC

Account Address 370 FRANKLIN TPKE STE 2
MAHWAH NJ 07430-2291

Disbursement Amount/Method \$ 68.37 ☐ Cash ☒ Cashier's Check ☐ Transfer to account ending in

What you confirmed with us:

- ☐ You told us there are no pending transactions.
- ☒ You told us about the pending transactions listed on page 2 and left a balance in your account to cover them. If additional checks or other debits are outstanding, they may be paid before the transactions you told us about. This would reduce your balance or may cause some transactions to be returned unpaid.
- Your account is set to close when your balance reaches zero. However, if a balance remains in your account at the end of 10 business days, we'll begin to process your request to close your account, which may take up to 20 business days. We will close your account even if your account has a balance or transactions you told us about are still outstanding. We'll transfer any positive balance to account ending in or if no account is listed, mail a check to you at the address on your account.
- ☐ Your account is overdrawn. To close the account, you need to make a deposit to bring the account to zero. We'll cancel all account services, no withdrawals may be made, and only deposits are allowed to the account. We may make collection efforts to collect the overdraft.

What you need to know:

Automatic Deposits and Payments: After the account closes, we will return checks and other debits, and deposits and other credits, that we receive with a statement that the account is closed, such as "Account Closed." You need to contact the originator who is sending automatic deposits (such as the Social Security Administration or your employer) or automatic payments (such as your phone or insurance company) to make other payment arrangements or cancel the transactions. We listed automatic deposits and payments on page 2 that have posted to your account in the last 34 days.

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Account Statements: You may receive one or two additional statements after the account is closed.

Business Account Customers: If you use Bank of America Merchant Services, call 1-800-430-7161 to close the separate Merchant Services account. Also, return night deposit bags and keys to your local financial center.

Bank Information

Date 07/08/2024
Financial Center Name MAHWAH - RT 17
Associate's Name Bryan Tejada
Associate's Phone Number [REDACTED]

Closing Calculation Summary	
Available Balance:	\$68.37
Accrued Interest (+):	\$0.00
Withheld Interest (-):	\$0.00
Outstanding Debits (-):	\$0.00
Remit to Customer	\$68.37

Closing Transactions and Automatic Deposit/Payment History

Outstanding debits included in the above Remit To/Due from Customer Balance:

Outstanding Checks: Checks you told us about at closing.

Pending & Other Debits: Items you told us about or are already in the process of posting to your account.

Automatic Deposit/Payment: This is a 34 day history of automatic deposits and payments that may require your attention.

Types	Date	Description	Pending Amount	Actual Amount	Amount
Pending & Other Electronic Debits		ACH HOLD BILL.COM LLC BIL	\$221.69	\$221.69	
Automatic Deposit/Payment	07/02/2024	BANKCARD 1929 DES:MTOT			\$20.00
Automatic Deposit/Payment	06/20/2024	Mahwah Fire Prev DES:Paya			-\$95.00
Automatic Deposit/Payment	06/20/2024	Zelle payment from			\$75.00
Automatic Deposit/Payment	06/20/2024	BANKCARD 1929 DES:MTOT			\$100.00
Automatic Deposit/Payment	06/16/2024	BILL.COM LLC DES:BILL			-\$221.96
Automatic Deposit/Payment	06/16/2024	Zelle payment from			\$40.00
Automatic Deposit/Payment	06/16/2024	Online Banking transfer f			\$223.00
Automatic Deposit/Payment	06/16/2024	Zelle payment from			\$225.00
Automatic Deposit/Payment	06/09/2024	Zelle payment from			\$300.00
Automatic Deposit/Payment	06/09/2024	Zelle payment from			\$600.00
Automatic Deposit/Payment	06/06/2024	BANKCARD 1929 DES:MTOT			\$20.00
Automatic Deposit/Payment	06/06/2024	10L GOVDEALS DES:10LG			\$42.00
Automatic Deposit/Payment	06/03/2024	BANKCARD 1929 DES:MTOT			\$113.81

793 0090022 027

NNJ

****\$68.37****

****Sixty Eight and 37/100 Dollars****

To The NJ MOBILE HEALTH CARE LLC
Order Of

Remitter (Purchased By): NJ MOBILE HEALTH CARE LLC

Bank of America, N.A.
SAN ANTONIO, TX

Not-Negotiable
Customer Copy
Retain for your Records

1641006097



Cashier's Check

No. 4163002015

Date 07/08/24 04:09:56 PM

NNJ

793 0090022 027

****\$68.37****

****Sixty Eight and 37/100 Dollars****

To The Order Of NJ MOBILE HEALTH CARE LLC

Remitter (Purchased By): NJ MOBILE HEALTH CARE LLC

Bank of America, N.A.
SAN ANTONIO, TX

AUTHORIZED SIGNATURE

114163002015 1114000019 1641006097

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. ■ HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.

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X
KNOW YOUR ENDORSER • REQUIRE IDENTIFICATION
ENDORSE CHECK HERE

DO NOT WRITE/STAMP BELOW THIS LINE
DEPOSITOR BANK ENDORSEMENT

(U)-51, 3/6/18 06-2019



P.O. Box 558
Wayne, NJ 07474-0558

Statement Ending:
Page:

July 31, 2024
1 of 3

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NJ MOBILE HEALTH CARE LLC
DIP CASE # 24-16239 OPERATING ACCOUNT
575 CORPORATE DR SUITE 525
MAHWAH NJ 07430-2330



Email: contactus@valley.com



Visit Us Online: www.valley.com



Mail To: 1720 Route 23, Wayne, NJ 07470

Account Statement

We've updated our systems to serve you better.

Effective July 1, 2024, some fees on your accounts will be changing to reflect your current activity and product usage. To learn more, please contact your relationship manager or Treasury Solutions Officer.

BUSINESS BANKING CHECKING - [REDACTED] 5800

SUMMARY FOR THE PERIOD: 07/02/24 - 07/31/24

Beginning Balance	+	Deposits & Other Credits	-	Withdrawals & Other Debits	=	Ending Balance
\$0.00		\$2,839.37		\$2,838.59		\$0.78

TRANSACTIONS

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	Beginning Balance			\$0.00
07/02	DEPOSIT		\$100.00	\$100.00
07/09	DEPOSIT		\$68.37	\$168.37
07/12	WIRE IN 202407120020195 MOBILE ONSITE HEAL TH SOLUTIONS		\$1,000.00	\$1,168.37
07/15	PHONE/INTERNET TRNFR REF 1970111L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE		\$1,671.00	\$2,839.37
07/15	ACH DEBIT AFCO CREDIT CORP PAYMENTS 240715 18840734	-\$2,675.59		\$163.78
07/22	PHONE/INTERNET TRNFR	-\$2.00		\$161.78





P.O. Box 558
Wayne, NJ 07474-0558

Account Number:

5800

Statement Date:

07/31/2024

Page :

2 of 3

TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
07/22	REF 2021003L FUNDS TRANSFER TO DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE PHONE/INTERNET TRNFR	-\$161.00		\$0.78
	REF 2021004L FUNDS TRANSFER TO DEP XXXXXX4901 FROM FUNDS TRANSFER VIA ONLINE			
Ending Balance				\$0.78





Account Number:

Statement Date:

Page :

5800

07/31/2024

3 of 3

P.O. Box 558
Wayne, NJ 07474-0558

To Reconcile Your Account

1. Compare the checks listed as paid on your statement with the entries appearing in your checkbook to insure that they have been properly charged to your account.
2. Create a list of all checks that have been issued by you but have not been paid by Valley (Check(s) Outstanding).
3. Add to your checkbook balance any credit not already recorded in the checkbook.
4. Deduct from your checkbook any service charge or other charges (including automatic deductions) which you have not already recorded in your checkbook.
5. Follow the instructions listed in the Balance Reconciliation section below.

Balance Reconciliation

1 Enter ending statement balance	
2 Add deposits recorded in your checkbook but not shown on this statement.	
3 Total (1 plus 2 above)	
4 Subtract total check(s) outstanding	
5 Balance (3 less 4 should equal checkbook balance)	

Finance Charge Computation For Personal Line Of Credit

The Finance Charge that accrues in any monthly billing period is determined on each day in the monthly billing cycle by multiplying the Daily Periodic Rate by the outstanding principal balance (after subtracting payments and adding advances posted that day); then we add the results of these calculations for the number of days in the billing cycle. The Daily Periodic Rate is the Annual Percentage Rate in effect during the monthly billing cycle divided by 365.

In Case Of Errors Or Questions About Your Personal Line Of Credit Transactions

A. Pursuant To The Federal Fair Credit Billing Act

If you think your statement is wrong or if you need more information about checking transactions on your statement which did not arise from an electronic transfer, write us as soon as possible at Valley National Bank, Attn: Customer Care, 1720 Route 23, Wayne, NJ 07470-7533, or email us at contactus@valley.com. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can contact us at 800-522-4100, but doing so will not preserve your rights. In your letter, give us your name and account number and the dollar amount of the suspected error. Describe the error and explain, if you can,

why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

B. Under Applicable State Law

If you rely upon the 3 months period provided by state law, you may lose important rights that could be preserved by action more promptly under the federal law described in the first paragraph in this section. State law provisions apply only after expiration of the time period for submitting a proper written notice of a billing error under federal law.

In Case Of Error Or Questions About Your Electronic Transfers (Pursuant to the Electronic Fund Transfer Act. Applicable to personal accounts only; does not pertain to wire transfers.)

If you think your statement or receipt is wrong or if you need more information about an electronic transfer on the statement or receipt, please contact us at 800-522-4100; write us at Valley National Bank, Attn: Customer Care, 1720 Route 23, Wayne, NJ 07470-7533, or email us at contactus@valley.com. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. Tell us your name and account number and the dollar amount of the suspected error. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this or 20 business days if your notice of error involves an electronic fund transfer to or from the account within 30 days after the first deposit to the account was made, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

For additional terms and conditions applicable to your account statement, please refer to your account agreement.





P.O. Box 558
Wayne, NJ 07474-0558

Statement Ending:
Page:

July 31, 2024
1 of 3

7558 M0656DDA080124091300 09 000000000 0 003



NJ MOBILE HEALTH CARE LLC
DIP CASE # 24-16239 RECEIVING ACCOUNT
575 CORPORATE DR SUITE 525
MAHWAH NJ 07430-2330



Email: contactus@valley.com



Visit Us Online: www.valley.com



Mail To: 1720 Route 23, Wayne, NJ 07470

Account Statement

We've updated our systems to serve you better.

Effective July 1, 2024, some fees on your accounts will be changing to reflect your current activity and product usage. To learn more, please contact your relationship manager or Treasury Solutions Officer.

BUSINESS BANKING CHECKING - [REDACTED] 0303

SUMMARY FOR THE PERIOD: 07/02/24 - 07/31/24

Beginning Balance	+	Deposits & Other Credits	-	Withdrawals & Other Debits	=	Ending Balance
\$0.00		\$7,238.65		\$4,570.23		\$2,668.42

TRANSACTIONS

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	Beginning Balance			\$0.00
07/02	DEPOSIT		\$1,670.45	\$1,670.45
07/08	DEPOSIT		\$25.00	\$1,695.45
07/09	DEPOSIT		\$914.78	\$2,610.23
07/15	PHONE/INTERNET TRNFR REF 1970111L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	-\$1,671.00		\$939.23
07/19	ACH CREDIT 10L GOVDEALS 10LGDUSFSS REF*\		\$100.00	\$1,039.23
07/19	PHONE/INTERNET TRNFR REF 2011248L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$1,039.23		\$0.00
07/22	PHONE/INTERNET TRNFR		\$2.00	\$2.00





Account Number:

0303

Statement Date:

07/31/2024

Page :

2 of 3

P.O. Box 558
Wayne, NJ 07474-0558

TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	REF 2021003L FUNDS TRANSFER FRM DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE			
07/25	ACH CREDIT BANKCARD 1929 MTOT DEP 240725 536927960307817		\$1,860.62	\$1,862.62
07/25	DEPOSIT		\$113.40	\$1,976.02
07/25	PHONE/INTERNET TRNFR REF 2071219L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$860.00		\$1,116.02
07/25	PHONE/INTERNET TRNFR REF 2070942L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$1,000.00		\$116.02
07/31	DEPOSIT		\$2,552.40	\$2,668.42
Ending Balance				\$2,668.42

96170 0726294 0002-0003 5192530303 0





Account Number:

Statement Date:

Page :

0303

07/31/2024

3 of 3

P.O. Box 558
Wayne, NJ 07474-0558

To Reconcile Your Account

1. Compare the checks listed as paid on your statement with the entries appearing in your checkbook to insure that they have been properly charged to your account.
2. Create a list of all checks that have been issued by you but have not been paid by Valley (Check(s) Outstanding).
3. Add to your checkbook balance any credit not already recorded in the checkbook.
4. Deduct from your checkbook any service charge or other charges (including automatic deductions) which you have not already recorded in your checkbook.
5. Follow the instructions listed in the Balance Reconciliation section below.

Balance Reconciliation

1 Enter ending statement balance	
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3 Total (1 plus 2 above)	
4 Subtract total check(s) outstanding	
5 Balance (3 less 4 should equal checkbook balance)	

Finance Charge Computation For Personal Line Of Credit

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For additional terms and conditions applicable to your account statement, please refer to your account agreement.

